



## Application for Enrollment

**Application Fee: \$40**

**Child Information:**

Child's Full Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies (if any): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Parent / Guardian Information**

Mother / Guardian Information

Father / Guardian Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**(Person(s) to notify in case of emergency or illness if parent/guardian cannot be reached)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Administration Sign: \_\_\_\_\_

**FOR OFFICE USE ONLY (Do not write below this line)**

☐ Tuition    ☐ Co-Pay    Amount of: \_\_\_\_\_    Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

<b>CHILD'S NAME</b>		<b>DATE OF BIRTH</b>
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b> ( )
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
ADDRESS		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
ADDRESS		
<b>SPECIAL DISABILITIES (IF ANY)</b>		<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>		<b>MEDICATION, SPECIAL SITUATION</b>
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

### PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

**WHITE COPY (Original)**

**YELLOW COPY (Child Care Space)**

**PINK COPY (Excursion)**

CY 867 10/22

## CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

### DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> NONE
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. <input type="checkbox"/> NONE
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> NONE
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. <input type="checkbox"/> NONE
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b> <table><tr><td>VISION (subjective until age 3)</td><td></td></tr><tr><td>HEARING (subjective until age 4)</td><td></td></tr><tr><td>LEAD</td><td></td></tr></table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

### RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



## Child Pick-Up Authorization Form

### **Child Information**

Child's Full Name: \_\_\_\_\_

### **Primary Pick-Up Person**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Additional Authorized Pick-Up Persons**

(Individuals authorized to pick up the child on an occasional or as-needed basis)

Person #1 - Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Person #2 - Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Persons NOT Authorized to Pick Up the Child**

Please list any individual(s) who are NOT permitted to pick up your child:

\_\_\_\_\_

### **Important Pick-Up Policy**

**Any person unfamiliar to staff will be required to present a valid photo ID.**

**Under NO circumstances will a child be released to anyone not listed on this form without written or verbal authorization from the parent or legal guardian.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Child Care Agreement

<b>Name of Child:</b>		
<b>Child's Start Date:</b>	<b>Tuition/Co-pay Amount:</b>	<b>Payment Due Date:</b> Every Friday the week prior to service, no later than Monday the week of service.
<b>Late Payment Charges:</b> If payment is not received on the scheduled due date: <ul style="list-style-type: none"><li>• A late fee of \$5.00 per day will be applied for each day payment is late</li></ul> If the account is not paid in full within five (5) business days, the child may be discharged from the program. <b>Late pick-up fees will be assessed as follows:</b> <ul style="list-style-type: none"><li>• \$1.00 per minute, beginning at 6:01 PM;</li><li>• Persistent late pick-ups may result in discharge from the program.</li></ul>		

<p style="text-align: center;"><b>Parent / Guardian Acknowledgment</b> (Please check, sign, and date)</p> <p><input type="checkbox"/> I have received a complete written program enrollment packet at the time of enrollment.</p> <p><input type="checkbox"/> I agree to update emergency contact information, parental consent forms, and child care agreement forms whenever changes occur, and at least every six (6) months.</p>
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Provider / Administration Signature:

\_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent / Guardian Signature:

\_\_\_\_\_ Date: \_\_/\_\_/\_\_



## Permission to Photograph and Use Images

I, \_\_\_\_\_

(Parent or Legal Guardian Name)

hereby grant permission to Sharing Love Learning Center to photograph and/or record

images of my child \_\_\_\_\_

(Child's Name)

for the purposes selected below:

Type of Use:	Please Check One
Display in facility scrapbook or bulletin boards	<input type="checkbox"/> I <b>GIVE</b> Permission <input type="checkbox"/> I <b>DO NOT GIVE</b> Permission
Display on the child care facility website	<input type="checkbox"/> I <b>GIVE</b> Permission <input type="checkbox"/> I <b>DO NOT GIVE</b> Permission
Post on the child care facility's social media (Facebook, Instagram, others)	<input type="checkbox"/> I <b>GIVE</b> Permission <input type="checkbox"/> I <b>DO NOT GIVE</b> Permission

### **Acknowledgment,**

I understand that it is my responsibility to notify the child care provider in writing if I choose to revoke or modify this permission at any time.

I further acknowledge that this authorization will remain in effect for the duration of my child's enrollment, unless revoked in writing.

Parent or Legal Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Parental Agreement

This Parental Agreement is entered into between Sharing Love Learning Center (“the Center”) and the parent(s) or legal guardian(s) listed below:

### **Child & Family Information:**

Child’s Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Program Description:**

Sharing Love Learning Center provides childcare services for infants through preschool-age children in a nurturing, structured, and faith-based environment. The program supports children’s emotional, social, physical, and cognitive development through age-appropriate learning experiences and play.

The Center operates Monday through Friday, from 7:00 AM to 6:00 PM. A holiday closure schedule is provided annually.

### **Services Provided:**

The Center agrees to provide:

1. Supervised childcare during operating hours;
2. Developmentally appropriate learning and play activities;
3. Balanced active and quiet play;
4. Meals and snacks included in tuition, unless special dietary arrangements are required;
5. Assistance with personal care as appropriate to the child’s age;

6. Nap/rest time for children;
7. A safe, structured, and loving environment.

**Arrival & Pick-Up Policy:**

- Children will only be released to individuals listed on the Child Pick-Up Authorization Form;
- A valid photo ID is required for any person unfamiliar to staff;
- Children will not be released to unauthorized individuals;
- Parents must notify the Center in advance if someone different will be picking up the child.

**Late Pick-Up Policy:**

The Center's operating hours are 7:00 AM to 6:00 PM.

- Children must be picked up no later than 6:00 PM;
- A late pick-up fee of \$1.00 per minute will be charged for each minute after 6:00 PM;
- Late fees are due with the next tuition payment;
- Repeated late pick-ups may result in termination of enrollment.

**Health, Illness & Medication:**

- Children who are ill must remain at home. If a child becomes ill while at the Center, the parent/guardian will be contacted and must pick up the child promptly;
- Children with communicable diseases may not attend until cleared according to health guidelines;
- Medication will be administered only with written authorization;
- The Center will provide basic first aid as needed and notify parents of any injury or incident.

**Personal Belongings:**

To maintain a safe and focused learning environment:



- Children are not permitted to bring personal toys, electronic devices (including iPads, tablets, phones), or similar items from home;
- If such items are brought to the Center, they will be stored safely by staff and returned to the parent/guardian at pick-up time;
- Parents are encouraged to label all personal items, such as water bottles, cups, extra clothing, blankets, or similar belongings.

**Note:** On days when a special activity is planned, the Center will notify families in advance, and specific items or toys may be permitted for that day only.

### **Tuition & Payment Policies:**

- Tuition is paid weekly, every Friday, and covers the upcoming week of care;
- Payments made on Friday apply to the following week, beginning Monday;
- Tuition is required regardless of attendance, including absences, holidays, or emergency closures;
- Tuition is non-refundable.

### **Security Deposit Policy (Tuition Deposit):**

At enrollment, one (1) week of tuition is collected in advance as a security deposit.

#### Purpose of the Deposit:

The deposit secures the child's spot and is applied only at the end of enrollment.

#### Deposit Refund Conditions:

The deposit will be refunded, when:

- A minimum two (2) weeks written notice is provided; and
- There is no outstanding balance on the account.

#### How the Deposit May Be Used:

Families may choose to:

1. Receive the deposit back after the notice period on the child's last day, or
2. Apply the deposit toward the final week of attendance.

#### Non-Refundable Deposit

The deposit is not refundable if:

- The child is withdrawn without notice;
- Less than two weeks' notice is provided;
- There is any outstanding balance;
- The child is dismissed due to non-payment or inappropriate or severe behavior from the family.

**Note:** If a family experiences difficulty making the security deposit payment, they are encouraged to speak directly with the Center's administration to discuss the best available payment arrangement.

#### **Late Payment Policy:**

- If tuition is not paid by Friday, a late fee of \$5.00 per day will be charged starting Monday;
- Late fees will be applied for each day payment remains outstanding;
- If tuition is not paid by Wednesday, the child will not be accepted to attend the program until the account is brought current;

**Note:** To return to care, the family must pay both:

1. The past-due tuition for the week that was not paid, and
  2. The full tuition for the upcoming week.
- Continued non-payment may result in termination of enrollment.

#### **Termination:**

- The Center reserves the right to terminate enrollment with reasonable notice if policies are repeatedly violated or the program is no longer a good fit;
- Parents agree to provide two (2) weeks written notice if they choose to terminate enrollment.

**Parent Responsibilities:**

Parents/guardians agree to:

1. Keep all contact and emergency information up to date;
2. Provide required medical and immunization records;
3. Follow all Center policies and procedures;
4. Communicate respectfully and cooperatively with staff.

**Agreement Acknowledgment,**

By signing below, I acknowledge that I have read, understand, and agree to abide by all policies and procedures of Sharing Love Learning Center as outlined in this Parental Agreement.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Holiday Closures & Annual Schedule Acknowledgment

Sharing Love Learning Center is open during the following hours:

Monday – Friday | 7:00 AM – 6:00 PM

### **Holiday Closures**

Sharing Love Learning Center will be CLOSED on the following holidays each year:

- Martin Luther King Jr. Day;
- Good Friday;
- Memorial Day;
- Juneteenth;
- Independence Day (July 4th);
- Labor Day;
- Thanksgiving Day and the Friday after;
- Christmas Break: from December 25 through January 1.

**NOTE:** Families are responsible for making alternate childcare arrangements on all closed days.

### **Annual Calendar:**

An Annual Calendar is provided to families and may be updated as needed.

Families will be notified in advance of any additional closures or changes.

### **Weather-Related Closures:**

In the event of inclement weather, the Center will make every effort to remain open.

If severe weather or other conditions prevent opening on time or at all, families will be notified by message or phone call.



## Non-Discrimination in Services Policy Statement

TO: Patients/Clients/Residents/Parents and all applicable

FROM: Mylla Stephanny N. Ribeiro

Admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectionate or sexual orientation, and differences in sex), and retaliation.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:		
- Sharing Love Learning Center - 8100 E Roosevelt BLVD, suite 101 – Philadelphia PA 19152 - Phone:215-883-6471 - Email: <a href="mailto:Sharinglovelearningcenter@gmail.com">Sharinglovelearningcenter@gmail.com</a>		
<b>Commonwealth of Pennsylvania Department of Human Services Bureau of Equal Opportunity</b>  Room 225, Health & Welfare Building P.O. Box 2675 Harrisburg, PA 17120 Inquiries: (717) 787-1127 Email: RAPWBEOAO@pa.gov (Within 90 days from the date of incident)	<b>Office for Civil Rights U.S. Department of Health and Human Services Centralized Case Management Operations</b>  200 Independence Avenue, S.W. Room 509 HHH Bldg Washington, D.C. 20201 Customer Response Center: (800) 368-1019  TDD: (800) 537-7697 <a href="https://www.hhs.gov/ocr/complaints">https://www.hhs.gov/ocr/complaints</a> Email: ocrcomplaint@hhs.gov (Within 180 days from the date of incident) (Within 180 days from the date of incident)	<b>Pennsylvania Human Relations Commission</b>  333 Market Street, 8th Floor Harrisburg, PA 17101 <a href="https://www.phrc.pa.gov/Complaints/Pages/How-toFile-a-Complaint.aspx">https://www.phrc.pa.gov/Complaints/Pages/How-toFile-a-Complaint.aspx</a>  Inquiries: (717) 787-4410 TTY users only: (717) 787-7279 (Within 180 days from the date of incident)

By signing below, I acknowledge that I have received a copy of this Civil Rights Compliance – Parent Awareness notice for my records.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



8100 E Roosevelt BLVD, suite 101 – Philadelphia PA 19152

Phone: 215-883-6471

Email: Sharinglovelearningcenter@gmail.com

### Civil Rights Compliance – Parent Awareness

Sharing Love Learning Center operates in accordance with applicable Federal and State civil rights laws and regulations.

As a client of this facility, you and your child(ren) have the right:

- To receive services at this facility and to be referred for services to other facilities without regard to race, color, religious creed, disability, ancestry, national origin, age, or sex.
- To file a complaint of discrimination if you believe you or your child have been discriminated against based on race, color, religious creed, disability, ancestry, national origin, age, or sex.

Complaints of discrimination may be filed with any of the following agencies:

<b>Department of Public Welfare Bureau of Equal Opportunity</b>	<b>Pennsylvania Human Relations Commission</b>	<b>U.S. Department of Health &amp; Human Services</b>	<b>Commonwealth of Pennsylvania</b>
Room 223, Health & Welfare Building  P.O. Box 2675  Harrisburg, PA 17105-2675	110 North 8th Street  Suite 501  Philadelphia, PA 19107	Office for Civil Rights  Suite 372, Public Ledger Building  150 South Independence Mall West  Philadelphia, PA 19106-9111	<b>DPW / Bureau of Equal Opportunity</b>  Southeast Regional Office  Suite 5034  801 Market Street  Philadelphia, PA 19107

By signing below, I acknowledge that I have received a copy of this Civil Rights Compliance – Parent Awareness notice for my records.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Supply List

### **List of Personal Items:**

1. Two complete change of clothes (shirt, pants/shorts, socks, and underwear), properly labeled;
2. A blanket for rest time (it will be sent home every Friday, or earlier if necessary, to return clean on the next business day);
3. Diapers, when necessary;
4. Bottle / formula / milk, when applicable;
5. Extra clothing according to the weather (jacket, hat, gloves, etc.);
6. Diaper cream, to be used for the child;
7. Pack of baby wipes.

### **Provided by the Daycare:**

- A toothbrush will be provided by the daycare, individually and labeled with each child's name;
- Safety-approved children's toothpaste will also be provided.

### **About Breast Milk (if applicable):**

Breast milk must come labeled with:

- Child's name;
- Date and time of pumping.

It will be stored and heated according to food-safety regulations.

**Important Note:** We are fully aware that we are caring for the most precious treasure in your life. For this reason, we dedicate our work to providing a safe, nurturing, and purpose-filled environment where every child is seen, respected, and loved. We deeply appreciate your trust and reaffirm our commitment to walk alongside your family with responsibility, care, and excellence.

Thank You for your Cooperation!